

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

KYLE MCCARTER FOR CONGRESS COMMITTEE

ADDRESS (number and street) ▼

40 COMMERCE LANE

☐ Check if different than previously reported. (ACC)

LEBANON

IL

62264

2. FEC IDENTIFICATION NUMBER ▼

C C00589739

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

IL

15

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

01

Y Y Y Y

2016

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kelly Standfield

Signature of Treasurer

Kelly Standfield

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

15

Y Y Y Y

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

KYLE MCCARTER FOR CONGRESS COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	26394.00	341486.34
(b) Total Contribution Refunds (from Line 20(d)) .....	24300.00	80263.69
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	2094.00	261222.65
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	22557.16	378350.23
(b) Total Offsets to Operating Expenditures (from Line 14).....	652.61	695.90
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	21904.55	377654.33
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3568.32	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	160122.69	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 32

Write or Type Committee Name

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

25650.00

301021.93

(ii) Unitemized.....

594.00

30700.00

(iii) TOTAL of contributions from individuals ▶

26244.00

331721.93

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

150.00

9764.41

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

26394.00

341486.34

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

20000.00

120000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

20000.00

120000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

652.61

695.90

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

47046.61

462182.24

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 32

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22557.16	378350.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	24300.00	80263.69
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	24300.00	80263.69
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	46857.16	458613.92

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3378.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	47046.61
25. SUBTOTAL (add Line 23 and Line 24).....	50425.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	46857.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3568.32

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**Daniel Duffy**

Mailing Address 28032 W Gray Barn

City

Lake Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Consulting

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2016

Transaction ID : SA11AI.6136

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**Dominique Durbin**

Mailing Address 2123 E 1150 Ave

City

Farina

State

IL

Zip Code

62838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Construction

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2016

Transaction ID : SA11AI.6141

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**Jason Gaby**

Mailing Address 445 Old Homestead Trail

City

Duluth

State

GA

Zip Code

30097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
StudentOccupation  
Student

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		13		2016

Transaction ID : SA11AI.6153

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
Contribution
**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4200.00
---------

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 32  
(check only one)  
☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**KYLE MCCARTER FOR CONGRESS COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Marie Gaby</b> Mailing Address 445 Old Homestead Trail City State Zip Code Duluth GA 30097 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer Occupation Student Student Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <span style="border: 1px solid black; padding: 2px;">2700.00</span>			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 06 13 2016</div> </div> <b>Transaction ID : SA11AI.6156</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;">2700.00</div> <input type="checkbox"/> Memo Item Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Roberta W. Hillman</b> Mailing Address 504 W Bleeker St City State Zip Code Aspen CO 81611 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer Occupation Self Retired Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <span style="border: 1px solid black; padding: 2px;">2700.00</span>			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 06 07 2016</div> </div> <b>Transaction ID : SA11AI.6120</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;">2700.00</div> <input type="checkbox"/> Memo Item Contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>David Keyston</b> Mailing Address PO Box 7066 City State Zip Code Carmel CA 93921 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer Occupation Retired Retired Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <span style="border: 1px solid black; padding: 2px;">450.00</span>			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 04 11 2016</div> </div> <b>Transaction ID : SA11AI.6137</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;">250.00</div> <input type="checkbox"/> Memo Item Contribution	
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... <b>TOTAL</b> This Period (last page this line number only) .....			<div style="border: 1px solid black; padding: 2px;">5650.00</div>	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KYLE MCCARTER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Heather Mercer

A.

Mailing Address 2857 Paradise Road  
Unit 3001

City	State	Zip Code
Las Vegas	NV	89109

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self

Occupation  
Baker

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2016

Transaction ID : SA11AI.6146

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

Rebekah Mercer

B.

Mailing Address 240 Riverside Blvd  
Apt 24A

City	State	Zip Code
New York	NY	10069

FEC ID number of contributing federal political committee.

C

Name of Employer  
Entrepreneur

Occupation  
Entrepreneur

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2016

Transaction ID : SA11AI.6150

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

Drew Nicoletto

C.

Mailing Address 6504 Crawley Drive

City	State	Zip Code
Plano	TX	75093

FEC ID number of contributing federal political committee.

C

Name of Employer  
Kharis Media

Occupation  
Principal

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		20		2016

Transaction ID : SA11AI.6089

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
Donation

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7900.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**Lynell Nicolello**

Mailing Address 6504 Crawley Dr

City

Plano

State

TX

Zip Code

75093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kharis Media

Occupation

Principal

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2016

Transaction ID : SA11AI.6090

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
Donation

Full Name (Last, First, Middle Initial)

**Brian Uihlein**

Mailing Address 41 S. Awahner Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Uline

Occupation

Manager

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2016

Transaction ID : SA11AI.6116

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
Donation

Full Name (Last, First, Middle Initial)

**Dave Uihlein**

Mailing Address 5208 Dander Road

City

Edina

State

MN

Zip Code

55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Uline

Occupation

Manager

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2016

Transaction ID : SA11AI.6117

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7900.00

25650.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 32

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

KYLE MCCARTER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

ILLINOIS CITIZENS FOR LIFE

A.

Mailing Address PO BOX 843

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing  
federal political committee.

C C00293118

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		09		2016

Transaction ID : SA11C.6104

Amount of Each Receipt this Period

150.00

☐ Memo Item  
 Donation

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

150.00

150.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 32

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**KYLE MCCARTER**

Mailing Address 1359 IVEY BROOK LANE

City

LEBANON

State

IL

Zip Code

62264

FEC ID number of contributing  
federal political committee.**C** H6IL15084

Name of Employer

Self Employed

Occupation

Manufacturing

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

110000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	01	/	2016

Transaction ID : SA13A.6032

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
 Loan

Full Name (Last, First, Middle Initial)

**KYLE MCCARTER**

Mailing Address 1359 IVEY BROOK LANE

City

LEBANON

State

IL

Zip Code

62264

FEC ID number of contributing  
federal political committee.**C** H6IL15084

Name of Employer

Self Employed

Occupation

Manufacturing

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

120000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	17	/	2016

Transaction ID : SA13A.6031

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
 Loan

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item
**SUBTOTAL** of Receipts This Page (optional).....

20000.00

**TOTAL** This Period (last page this line number only).....

20000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 32

☐ 11a ☐ 11b ☐ 11c ☒ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**MOW Printing**

Mailing Address 526 Vandalia St

City

Collinsville

State

IL

Zip Code

62234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

652.61

Date of Receipt

M M / D D / Y Y Y Y  
05 / 20 / 2016

Transaction ID : SA14.6078

Amount of Each Receipt this Period

652.61

☐ Memo Item  
Refund

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

652.61

652.61

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address PO Box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement  
Fees

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

25.00

☐ Memo Item**Transaction ID : SB17.6045**

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address PO Box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement  
Fees

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

18.59

☐ Memo Item**Transaction ID : SB17.6051**

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address PO Box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement  
Fees

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

Amount of Each Disbursement this Period

3.60

☐ Memo Item**Transaction ID : SB17.6057****SUBTOTAL** of Disbursements This Page (optional).....

47.19

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address PO Box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement  
fees

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

Amount of Each Disbursement this Period

25.00

☐ Memo Item**Transaction ID : SB17.6058**

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address PO Box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement  
Fees

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

25.00

☐ Memo Item**Transaction ID : SB17.6063**

Full Name (Last, First, Middle Initial)

**C. Lisa Bremer**

Mailing Address 6566 Powers Church Road

City	State	Zip Code
Metropolis	IL	62960

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

2274.77

☐ Memo Item**Transaction ID : SB17.5991****SUBTOTAL** of Disbursements This Page (optional).....

2324.77

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mary E. Creasy**

Mailing Address 3915 Keokuk St

City	State	Zip Code
St. Louis	MO	63116

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

239.36
--------

☐ Memo Item

Transaction ID : SB17.5993

**B. Kimberly D. Farkas**

Mailing Address 718 Pleasant Valley Dr

City	State	Zip Code
Godfrey	IL	62035

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

1138.93
---------

☐ Memo Item

Transaction ID : SB17.5994

**c. Mary P. Gray**

Mailing Address 206 Summerlin Ridge

City	State	Zip Code
O'Fallon	IL	62269

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

817.33
--------

☐ Memo Item

Transaction ID : SB17.5985

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2195.62

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Illinois Department of Employment Security**

Mailing Address 4519 W Main Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

City	State	Zip Code
Belleville	IL	62226

Amount of Each Disbursement this Period

528.00
--------

Purpose of Disbursement  
Unemployment Insurance

001

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : SB17.6072

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Illinois Department of Employment Security**

Mailing Address 4519 W Main Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

City	State	Zip Code
Belleville	IL	62226

Amount of Each Disbursement this Period

448.00
--------

Purpose of Disbursement  
Unemployment Insurance

001

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : SB17.6073

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Kharis Media**

Mailing Address 6504 Crawley Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

City	State	Zip Code
Plano	TX	75093

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Consulting

001

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : SB17.6092

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5976.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MOW Printing**

Mailing Address 526 Vandalia St

City	State	Zip Code
Collinsville	IL	62234

Purpose of Disbursement  
Printing

006

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

1782.94

☐ Memo Item

Transaction ID : SB17.6100

**B. Payroll Central**

Mailing Address 1107 Frontage Rd

City	State	Zip Code
O'Fallon	IL	62269

Purpose of Disbursement  
Payroll TaxesCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

2968.95

☐ Memo Item

Transaction ID : SB17.5990

**c. Payroll Central**

Mailing Address 1107 Frontage Rd

City	State	Zip Code
O'Fallon	IL	62269

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2016

Amount of Each Disbursement this Period

707.53

☐ Memo Item

Transaction ID : SB17.6055

**SUBTOTAL** of Disbursements This Page (optional).....

5459.42

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Carmen Perez**

Mailing Address 1510 Herbert St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

City	State	Zip Code
South Roxana	IL	62087

Amount of Each Disbursement this Period

460.87
--------

Purpose of Disbursement  
SalaryCategory/  
Type☐ Memo Item

Transaction ID : SB17.5995

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Printforce Inc.**

Mailing Address 1409 East Main St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

City	State	Zip Code
Olney	IL	62450

Amount of Each Disbursement this Period

15.74
-------

Purpose of Disbursement  
Printing

006

Category/  
Type☐ Memo Item

Transaction ID : SB17.6094

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**c. Regions Bank**

Mailing Address 400 E US 50

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2016

City	State	Zip Code
O'Fallon	IL	62269

Amount of Each Disbursement this Period

22.00
-------

Purpose of Disbursement  
Bank Fee

001

Category/  
Type☐ Memo Item

Transaction ID : SB17.6050

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

498.61

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Regions Bank**

Mailing Address 400 E US 50

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2016

City	State	Zip Code
O'Fallon	IL	62269

Amount of Each Disbursement this Period

Purpose of Disbursement  
Fees

001

22.00

Candidate Name

☐ Memo Item

Transaction ID : SB17.6062

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

**B. SI Dollar Saver**

Mailing Address 109 N Main Cross Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

City	State	Zip Code
Galatia	IL	62935

Amount of Each Disbursement this Period

Purpose of Disbursement  
Advertising

004

250.72

Candidate Name

☐ Memo Item

Transaction ID : SB17.6061

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

**C. Sharon Steele**

Mailing Address 420 Park Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

City	State	Zip Code
Bethalto	IL	62010

Amount of Each Disbursement this Period

Purpose of Disbursement  
Reimbursement

001

131.24

Candidate Name

☐ Memo Item

Transaction ID : SB17.6049

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

403.96

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sharon Steele**

Mailing Address 420 Park Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

City	State	Zip Code
Bethalto	IL	62010

Purpose of Disbursement  
Salary

Amount of Each Disbursement this Period

1573.73
---------

☐ Memo Item

Transaction ID : SB17.5988

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Sharon Steele**

Mailing Address 420 Park Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2016

City	State	Zip Code
Bethalto	IL	62010

Purpose of Disbursement  
payroll

Amount of Each Disbursement this Period

1231.50
---------

☐ Memo Item

Transaction ID : SB17.6056

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. The Rainmakers**

Mailing Address PO Box 1082

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

City	State	Zip Code
Springfield	VA	22151

Purpose of Disbursement  
Fundraising Consulting

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Transaction ID : SB17.6077

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4805.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Teresa F. Wagner**

Mailing Address 4907 Raccoon Run Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

City	State	Zip Code
Johnstown	OH	43031

Amount of Each Disbursement this Period

608.24
--------

Purpose of Disbursement  
SalaryCategory/  
Type☐ Memo Item

Transaction ID : SB17.5996

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type☐ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type☐ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

608.24

22319.04

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 32

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Arnott**Mailing Address 4100 Newport Place Dr  
Ste 750City State Zip Code  
Newport Beach CA 92660Purpose of Disbursement  
reimbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2016

Amount of Each Disbursement this Period

2700.00
---------

☐ Memo Item

Transaction ID : SB20A.6039

Full Name (Last, First, Middle Initial)

**B. Barbara Gaby**

Mailing Address 445 Old Homestead Trail

City State Zip Code  
Duluth GA 30097Purpose of Disbursement  
Reimbursement of Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2016

Amount of Each Disbursement this Period

2700.00
---------

☐ Memo Item

Transaction ID : SB20A.6124

Full Name (Last, First, Middle Initial)

**c. Richard Gaby**

Mailing Address 445 Old Homestead Trail

City State Zip Code  
Duluth GA 30097Purpose of Disbursement  
Reimbursement of Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2016

Amount of Each Disbursement this Period

2700.00
---------

☐ Memo Item

Transaction ID : SB20A.6125

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8100.00
---------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 32

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Tatnall L. Hillman**

Mailing Address 504 W Bleeker St

City	State	Zip Code
Aspen	CO	81611

Purpose of Disbursement  
Contribution Refund

010

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2016

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Transaction ID : SB20A.6119

Full Name (Last, First, Middle Initial)

**B. Virginia James**

Mailing Address PO Box 60

City	State	Zip Code
Lambertville	NJ	08530

Purpose of Disbursement  
reimbursement

010

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2016

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Transaction ID : SB20A.6042

Full Name (Last, First, Middle Initial)

**c. Diana Mercer**

Mailing Address PO Box 1507

City	State	Zip Code
Stony Brook	NY	11790

Purpose of Disbursement  
Reimbursement of Contribution

010

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2016

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Transaction ID : SB20A.6122

**SUBTOTAL** of Disbursements This Page (optional).....

8100.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 32

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Elizabeth A. Uihlein**

Mailing Address 1396 N. Waukegan Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2016

City	State	Zip Code
Lake Forest	IL	60045

Amount of Each Disbursement this Period

2700.00
---------

Purpose of Disbursement  
Contribution Refund

010

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : SB20A.6110

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Richard E. Uihlein**

Mailing Address 1396 N. Waukegan Rd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2016

City	State	Zip Code
Lake Forest	IL	60045

Amount of Each Disbursement this Period

2700.00
---------

Purpose of Disbursement  
Contribution Refund

011

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : SB20A.6111

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type☐ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5400.00

21600.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 24 OF 32

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4176

KYLE MCCARTER FOR CONGRESS COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

KYLE MCCARTER

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
1359 IVEY BROOK LANE

City	State	ZIP Code
LEBANON	IL	62264

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="10000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="10000.00"/>

**TERMS**

Date Incurred

 /  / 

Date Due

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 25 OF 32

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4178

KYLE MCCARTER FOR CONGRESS COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

KYLE MCCARTER

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1359 IVEY BROOK LANE

City

State

ZIP Code

LEBANON

IL

62264

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 22 / 2015

Date Due

M M / D D / Y Y Y Y  
12/31/2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 26 OF 32

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4537

KYLE MCCARTER FOR CONGRESS COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

KYLE MCCARTER

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
1359 IVEY BROOK LANE

City	State	ZIP Code
LEBANON	IL	62264

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
02 / 09 / 2016

Date Due

M M / D D / Y Y Y Y  
12/31/2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional)..... ►

40000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 27 OF 32

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6032

KYLE MCCARTER FOR CONGRESS COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

KYLE MCCARTER

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1359 IVEY BROOK LANE

City

State

ZIP Code

LEBANON

IL

62264

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 01 / 2016

Date Due

M M / D D / Y Y Y Y  
00/00

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 28 OF 32

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6031

KYLE MCCARTER FOR CONGRESS COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

KYLE MCCARTER

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1359 IVEY BROOK LANE

City

State

ZIP Code

LEBANON

IL

62264

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 17 / 2016

Date Due

M M / D D / Y Y Y Y  
00 / 00 / 00

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

**TOTALS** This Period (last page in this line only)..... ►

120000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 29 OF 32

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Direct Match Media**

Nature of Debt (Purpose):

Media Consulting

Mailing Address 105 Moffett Ave

City State

Zip Code

Collinsville

IL

62234

Outstanding Balance Beginning This Period

2250.00

Transaction ID : SD10.6021

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Kharis Media**

Nature of Debt (Purpose):

Media Consulting

Mailing Address 6504 Crawley Dr

City State

Zip Code

Plano

TX

75093

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.6016

Amount Incurred This Period

0.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Miller Office Equipment**

Nature of Debt (Purpose):

Office Equipment Rental

Mailing Address PO Box 204

City

State

Zip Code

Olney

IL

62450

Outstanding Balance Beginning This Period

100.65

Transaction ID : SD10.6025

Amount Incurred This Period

0.00

Payment This Period

100.65

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

2250.00

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 30 OF 32

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MOW Printing**Nature of Debt (Purpose):  
Printing

Mailing Address 526 Vandalia St

City State

Zip Code

Collinsville

IL

62234

Outstanding Balance Beginning This Period

1782.94

Transaction ID : SD10.6027

Amount Incurred This Period

0.00

Payment This Period

1782.94

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Osage Strategies LLC**Nature of Debt (Purpose):  
Strategic ConsultingMailing Address 11 Grandview Circle  
Ste200

City State

Zip Code

Canonsburg

PA

15317

Outstanding Balance Beginning This Period

7364.32

Transaction ID : SD10.6018

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7364.32

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Printforce Inc.**Nature of Debt (Purpose):  
Printing

Mailing Address 1409 East Main St

City

State

Zip Code

Olney

IL

62450

Outstanding Balance Beginning This Period

15.74

Transaction ID : SD10.6024

Amount Incurred This Period

0.00

Payment This Period

15.74

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

7364.32

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 31 OF 32

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Professional Data Services**Nature of Debt (Purpose):  
Compliance ConsultingMailing Address 824 S. Milledge Ave  
Ste 101City State Zip Code  
Athens GA 30605

Outstanding Balance Beginning This Period

1526.90

Transaction ID : SD10.6019

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1526.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**SCWard Consulting**Nature of Debt (Purpose):  
Fundraising Consulting

Mailing Address PO Box 1021

City State Zip Code  
Syracuse NY 13206

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.6029

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Tele-Town Hall Services**Nature of Debt (Purpose):  
Teleconference ServicesMailing Address 4600 North Fairfax Dr  
Ste 802City State Zip Code  
Arlington VA 22203

Outstanding Balance Beginning This Period

7037.36

Transaction ID : SD10.6028

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7037.36

1) **SUBTOTALS** This Period This Page (optional) .....

13564.26

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 32 OF 32

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KYLE MCCARTER FOR CONGRESS COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Rainmakers**

Nature of Debt (Purpose):

Fundraising Consulting

Mailing Address PO Box 1082

City State

Zip Code

Springfield

VA

22151

Outstanding Balance Beginning This Period

15857.37

Transaction ID : SD10.6020

Amount Incurred This Period

0.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

13857.37

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Victory Geek**

Nature of Debt (Purpose):

Telephone System

Mailing Address 4114 IL Rt 176

City State

Zip Code

Crystal Lake

IL

60014

Outstanding Balance Beginning This Period

3086.74

Transaction ID : SD10.6022

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3086.74

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

16944.11

2) **TOTALS** This Period (last page this line number only) ..... ▶

40122.69

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

120000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

160122.69